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AP205.000131027JUL2006



GRIFFITH HACK

PATENT AND TRADE MARK ATTORNEYS

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The Receiving Office

24 August 2005

Sir

**IN THE MATTER OF International Patent Application No. PCT/AU2005/000088
in the name of COMMONWEALTH SCIENTIFIC AND INDUSTRIAL
RESEARCH ORGANISATION**

- and -

**IN THE MATTER OF Demand for International Preliminary Examination
Our Ref: JSB:SP:FP21082**

We lodge herewith:

1. A Demand for International Preliminary Examination together with the prescribed fee of \$768.00.
2. Amended claims pages 28 to 32.

The revised claims specify that the hydroxyoxime is an aliphatic hydroxyoxime. The prior art does not teach the claimed combination of integers, nor does it establish that there was any motivation to make this specific combination.

The claim amendments also include amendments to insert dependent claims 2 to 9 directed to specific features of the extraction stage. These features are not shown, and are not achievable, in the processes of the prior art.

Favourable reconsideration of the application is requested.

Yours faithfully
GRIFFITH HACK

Janelle Borham
Principal
janelle.borham@griffithhack.com.au
enc

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/

**PCT
DEMAND**

CHAPTER II

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation

For international Preliminary Examining Authority use only

Identification of IPEA	Date of receipt of DEMAND
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Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agents file reference JSB:FP21080
International application No. PCT/AU2005/000099	International filing date (day/month/year) 28 January 2005	(Earliest) Priority date (day/month/year) 28 January 2004
Title of the invention SOLVENT EXTRACTION PROCESS FOR SEPARATING COBALT AND/OR NICKEL FROM IMPURITIES IN LEACH SOLUTIONS		
Box No. II APPLICANT(S)		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country) COMMONWEALTH SCIENTIFIC AND INDUSTRIAL RESEARCH ORGANISATION LIMESTONE AVENUE CAMPBELL ACT 2612 AUSTRALIA		Telephone No.
		Facsimile No.
		Teleprinter No.
		Applicant's Registration No. with the office
State (that is, country) of nationality: AUSTRALIA	State (that is, country) of residence: AUSTRALIA	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country) CHENG, Chu Yong 91 BOLDERWOOD DRIVE SOUTH LAKE WA 6164 AUSTRALIA		
State (that is, country) of nationality: AUSTRALIA	State (that is, country) of residence: AUSTRALIA	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country) URBANI, Mark Daniel 17 MERLIN WAY WATTLE GROVE WA 6107 AUSTRALIA		
State (that is, country) of nationality: AUSTRALIA	State (that is, country) of residence: AUSTRALIA	
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative
 and has been appointed earlier and represents the applicant(s) also for international preliminary examination.
 is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked
 is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)</i>	Telephone No. +61 3 9243 8300
Janelle Borham Griffith Hack 509 ST KILDA ROAD MELBOURNE VIC 3004 AUSTRALIA	Facsimile No. +61 3 9243 8333
	Teleprinter No.
	Agent's Registration No. with the office

Address for correspondence: Mark this checkbox where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments***

1. The applicant wishes the international preliminary examination to start on the basis of:
 The international application as originally filed
 the description as originally filed
 as amended under Article 34

 the claims as originally filed
 as amended under Article 19 (together with any accompanying statement)
 as amended under Article 34

 the drawings as originally filed
 as amended under Article 34
2. The applicant wishes any amendment to the claim under Article 19 to be considered reversed.
3. Where the IPEA wishes to start the international preliminary examination at the same time as the international search in accordance with Rule 69.1(b), the applicant requests the IPEA to postpone the start of the international preliminary examination until the expiration of the applicable time limit under Rule 69.1(d).
4. The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no checkbox is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purpose of international preliminary examination: ENGLISH

which is the language in which the international application is filed
 which is the language of a translation furnished for the purposes in international search
 which is the language of publication of the international application
 which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box no. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

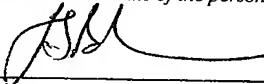
		For International Preliminary Examining Authority use only	
		received	not received
1. translation of international application:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
2. amendments under Article 34:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
3. copy (or where required, translation) of amendments under Article 19:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
4. copy (or where required, translation) of statement under Article 19:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
5. letter:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
6. other (specify):	sheets	<input type="checkbox"/>	<input type="checkbox"/>

The demand is accompanied by the item(s) marked below:

1. <input checked="" type="checkbox"/> fee calculation sheet	5. <input type="checkbox"/> statement explaining lack of signature
2. <input type="checkbox"/> original separate power of attorney	6. <input type="checkbox"/> sequence listing in electronic form
3. <input type="checkbox"/> original general power of attorney	7. <input type="checkbox"/> tables in electronic form related to a sequence listing
4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	8. <input type="checkbox"/> other (specify):

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand)



Signature

24/08/2005

Date

Janelle Borham of Griffith Hack for and behalf of the applicant(s)

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:		
2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):		
3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply	6. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.	
<input type="checkbox"/> The applicant has been informed accordingly	7. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.	
4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of rule 80.5	8. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.	
5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.		

For International Bureau use only

Demand received from IPEA on:

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

International application No. PCT/AU2005/000099	For International Preliminary Examining Authority use only										
Applicant's or Agent's file reference JSB:FP21080	Date stamp of the IPEA										
Applicant COMMONWEALTH SCIENTIFIC AND INDUSTRIAL RESEARCH ORGANISATION											
Calculation of prescribed fees <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding-bottom: 10px;">1. Preliminary examination fee</td> <td style="width: 30%; text-align: center; padding-bottom: 10px;">\$550.00</td> </tr> <tr> <td style="padding-bottom: 10px;">2. Handling fee (<i>Applicants from certain states are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)</td> <td style="text-align: center; padding-bottom: 10px;">\$218.00</td> </tr> <tr> <td style="padding-bottom: 10px;">3. Total prescribed fees <i>Add the amounts entered at P and H and enter total in the TOTAL box</i></td> <td style="text-align: center; padding-bottom: 10px;">\$768.00</td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 10px;">TOTAL</td> </tr> </table>		1. Preliminary examination fee	\$550.00	2. Handling fee (<i>Applicants from certain states are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	\$218.00	3. Total prescribed fees <i>Add the amounts entered at P and H and enter total in the TOTAL box</i>	\$768.00	TOTAL			
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3. Total prescribed fees <i>Add the amounts entered at P and H and enter total in the TOTAL box</i>	\$768.00										
TOTAL											
Mode of Payment <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-bottom: 5px;"><input type="checkbox"/> authorisation to charge deposit account with the IPEA (see below)</td> <td style="width: 50%; text-align: center; padding-bottom: 5px;"><input type="checkbox"/> cash</td> </tr> <tr> <td style="padding-bottom: 5px;"><input checked="" type="checkbox"/> cheque</td> <td style="text-align: center; padding-bottom: 5px;"><input type="checkbox"/> revenue stamps</td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> postal money order</td> <td style="text-align: center; padding-bottom: 5px;"><input type="checkbox"/> coupons</td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> bank draft</td> <td style="text-align: center; padding-bottom: 5px;"><input type="checkbox"/> other (<i>specify</i>): _____</td> </tr> </table>		<input type="checkbox"/> authorisation to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	<input type="checkbox"/> bank draft	<input type="checkbox"/> other (<i>specify</i>): _____		
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<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons										
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (<i>specify</i>): _____										
Authorisation to Charge (or Credit) Deposit Account <i>(This mode of payment may not be available at all IPEA's)</i> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-bottom: 5px;"><input type="checkbox"/> Authorisation to charge the total fees indicated above</td> <td style="width: 50%; text-align: center; padding-bottom: 5px;">IPEA/ _____</td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> (<i>this check box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorisation to charge any deficiency or credit any overpayment in the total fees indicated above</td> <td style="text-align: center; padding-bottom: 5px;">Deposit Account Number _____</td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">Date _____</td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">Name _____</td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">Signature _____</td> </tr> </table>		<input type="checkbox"/> Authorisation to charge the total fees indicated above	IPEA/ _____	<input type="checkbox"/> (<i>this check box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorisation to charge any deficiency or credit any overpayment in the total fees indicated above	Deposit Account Number _____	Date _____		Name _____		Signature _____	
<input type="checkbox"/> Authorisation to charge the total fees indicated above	IPEA/ _____										
<input type="checkbox"/> (<i>this check box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorisation to charge any deficiency or credit any overpayment in the total fees indicated above	Deposit Account Number _____										
Date _____											
Name _____											
Signature _____											